



# HUMBOLDT BOTANICAL GARDENS FOUNDATION

## Membership Application/Renewal Form

- New Membership
- Renewal Membership
- HBGF Gift Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Gift Recipient's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fill the form out, and send it along with payment information to:

Humboldt Botanical Gardens Foundation

P.O. Box 6117 Eureka, CA. 95502-6117

Phone: (707) 442-5139

How did you hear about HBGF?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Annual Membership Rates

*Please Mark Selections with Quantity*

Dog\* (\$20)

Student (\$20)

Senior (\$25)

Individual (\$35)

Family (\$50)

Non-Profit Organization (\$75)

Patron (\$100)

Professional Photographer (\$150)

Business/Organization (\$250)

Groundskeeper (\$500)

Lifetime (\$1,000)

Benefactor (\$5,000)

\*owner must also be a current member

### Payment Information

Visa  MasterCard  Check #  Cash

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV# (3 digit on back) \_\_\_\_\_ Billing zip code \_\_\_\_\_

Signature: \_\_\_\_\_

Membership: \$ \_\_\_\_\_

Gift Membership: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

\*Memorial Donation: \$ \_\_\_\_\_ For: \_\_\_\_\_

Please send Acknowledgment to: \_\_\_\_\_

\*Donations and Memorials go directly toward creation of the Garden.

*The Humboldt Botanical Gardens Foundation is a not for profit 501(c)(3) public benefit corporation, Tax ID# 68-0243631. Contributions are tax deductible to the extent allowed by law.*